Life Changes in Women Infected With HIV by Their Husbands: An Interpretive Phenomenological Study

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*HIV transmission from husbands to wives in stable marital relationships has increased. Our study explored women's perspectives on their life changes after being infected with HIV by their husbands. The interpretive phenomenological approach guided the study. Cambodian women (*n = *15) who self-identified their infections as coming from their husbands participated in two in-depth interviews. The participants underwent significant changes in interpersonal and intimate relationships with their spouses, reporting that their partners became more devoted husbands and agreed to follow safer sex practices within the marriage. However, families suffered from hunger and poverty due to the parents' physical weaknesses. Both the husbands' changed behavior and their children gave these women the strength to not only go on with their life routines, but also to report that life was better than before the HIV diagnosis. These results inform health policies and programs targeting families where HIV affects both spouses.*

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Globally, an estimated 35.3 million people were infected with HIV in 2012, with Asia and the Pacific Region reporting the largest rate of HIV infection after sub-Saharan Africa (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2013). In Asia, the majority of instances of HIV transmission to women came from their spouses or long-term sexual partners (UNAIDS, 2014). After being diagnosed with HIV, people experience many changes in their physical, social, interpersonal, psychosocial, and emotional relations with spouses, family members, and neighbors (Sandelowski & Barroso, 2003). Many studies have examined challenges and issues faced by women living with HIV compared to men's experiences. Women with HIV have reported their greatest concerns in the areas of reproduction, childcare, and other family functions (Ingram & Hutchinson, 2000). HIV-infected women have tended to focus more on family-oriented concerns than men, worrying about the impact of the disease on their children's futures and trying to fulfill their responsibilities as caregivers of families and aging parents (Goggin et al., 2001). Women have also been shown to experience rejection and stigma from friends, family, and neighbors, and to lose social networks due to their HIV status

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(Sandelowski, Lambe, & Barroso, 2004; Solomon & Wilkins, 2008). Moreover, an HIV diagnosis often leads to a life of poverty, making infected women worry about the basic life necessities of clothing, housing, and food more than anything else (Solomon & Wilkins, 2008).

Compared to the other countries that comprise Southeast Asia, Cambodia has been affected the most by the devastating HIV epidemic (National Centre HIV/AIDS, Dermatology and STD, 2011). Of the 75,000 adults between ages 15 and 49 years who were living with HIV in Cambodia in 2013, 39,000 were women, an increase of more than 50% from the 20,000 women living with the disease in 2009 (UNAIDS, 2014). New infections among married women reflect the underlying gender dynamics of Cambodia, where extramarital sex is relatively acceptable for men, but it is hard for women to ask their husbands to use condoms (Yang, Lewis, & Kraushaar, 2013). Within the Khmer male-dominated culture and society, Cambodian wives hold a lower status than men in every respect, remaining always subordinate to their husbands, and the Code of Women explicitly states that a wife is her husband's physical property (Nakagawa, 2006).

While gender-specific research on HIV has increased in other countries in the area, such as Thailand and Vietnam, research on the impact of the diagnosis on Cambodian women generally has looked at how the women's daily lives changed, focusing on stigma, discrimination, psychosocial problems, and motherhood issues (Geurtsen, 2005; Yi et al., 2015). Little has been documented about changes and adjustments for couples after husbands infected their wives. Development of gender- and culture-sensitive programming in health care policies and clinical settings that target women, couples, and families requires an understanding of the impact and changes HIV infection has on women's lives. Therefore, our study sought to deepen awareness of the changes and challenges brought about by adjusting to living as a couple with HIV after one partner has infected another, from the perspective of Cambodian women, and within that country's social and cultural context.

Methods

Study Design

In our study, the interpretive phenomenological tradition was used to capture individual, subjective, insider meaning from those who had experienced a specific phenomenon in daily life (Creswell, 2012). We chose this method because it was the best approach to gain a deeper understanding of the women's experiences and perspectives while considering Cambodian contextual features such as culture, history, and social situations (Wojnar & Swanson, 2007). Interpretive phenomenology views a person as inseparable from his/her social, cultural, and historical contexts and believes that humans form shared traditions of culture, practice, and language (McConnell-Henry, Chapman, & Francis, 2009).

Sample and Setting

Using purposive sampling, we invited HIV-infected women for in-depth elicitation interviews in the Sihanouk Hospital Center of HOPE (an HIV hospital located in Phnom Penh, Cambodia). Participants were included if they (a) were married, (b) self-identified as having contracted HIV through sexual intercourse from their HIV-infected husbands, and (c) were willing and able to give informed consent. Potential participants were excluded if they were non-Cambodian, such as those who were Chinese or Vietnamese and living in Cambodia. Brochures and posters that described study aims, eligibility, and how to participate were displayed in the clinic's waiting room. Twenty women expressed interest in the study, and 16 were screened for eligibility (4 could not be contacted by phone). Finally, 15 women enrolled, signed the written consent form, and participated in the first interview, and 13 women came back for the second interview. Of those who did not participate in the second interview sessions, one had moved, and one could not be contacted by phone after the first interview. The Human Subjects Committee of the University of Washington and the Cambodia National Ethics Committee for Health Research approved the study prior to recruitment and data collection.